



Building Safety Department—Housing Division
2122 Campus Drive SE, Suite 300
Rochester, MN 55904-4744 (507) 281-6133

HOUSING REGISTRATION CERTIFICATE APPLICATION

BUILDING ADDRESS:

Owner Name(s)

LAST

FIRST

MIDDLE

LAST

FIRST

MIDDLE

Owner Address

STREET

CITY

STATE

ZIP CODE

Date of Birth

Phone No.

Email

Building Manager

Phone No.

Manager's Address

STREET

CITY

STATE

ZIP CODE

Manager's email

Applicant Identification (Driver's License No.)

I acknowledge that I have completed this application and that the information contained is correct.

Signature

☐ owner

☐ manager

Date

To filled out by applicant

Type of Building **No. of Units**

Single Family Dwelling _____

Two Family Dwelling _____

Apartment Building _____

Condominium Unit _____

Rooming Units _____

Owner occupies one unit Yes No

New usage as rental Yes No

Change of ownership Yes No

Make checks payable to:

City of Rochester

For Office Use Only

Fees Due

Housing \$ _____

Zoning \$ _____

Penalty fee \$ _____

TOTAL \$ _____

Last Inspection Date _____

Inspector _____

Zoning Comments

Zoning District _____

Certificate No. _____

Approved on _____
by _____